

Case Number:	CM15-0006897		
Date Assigned:	01/26/2015	Date of Injury:	03/24/2011
Decision Date:	04/16/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old male, who sustained an industrial injury on March 24, 2011. The diagnoses have included left knee internal derangement, degenerative joint disease, effusion, tendinitis quadriceps, status post left knee arthroscopy, low back pain with degenerative disc disease and disc herniation, cervical spine with disc herniation and degenerative disc disease, radiculitis, impingement syndrome left shoulder, left shoulder rotator cuff tendinitis, rule out bilateral wrist carpal tunnel syndrome, bilateral wrist sprain, left ankle sprain, arthrosis and rule out left ankle impingement syndrome. Treatment to date has included synvisc injection to right knee. Currently, the injured worker complains of right knee pain, shoulder and back pain without improvement. In a progress note dated December 5, 2014, the treating provider reports lumbar spinal examination he has a antalgic gait, decreased range of motion, positive tenderness to palpation in the paralumbar musculature, right shoulder normal, left shoulder positive tuberosity tenderness, positive Neer's test and Hawkin's test, AC joint tenderness and decreased range of motion. On December 15, 2014 Utilization Review non-certified a post-op physical therapy quantity 18, cold therapy with compression (vascutherm) quantity 21, and retro 5cc of lidocaine and 1cc of Kenalog under ultrasound guidance, noting, Medical Treatment Utilization Schedule Guidelines , American College of Occupational and Environmental Medicine and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Associated surgical service: Cold therapy with compression x 21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous flow cryotherapy, Game ready device.

Decision rationale: ODG guidelines indicate continuous-flow cryotherapy is recommended as an option after knee surgery for 7 days. The game ready system combines continuous-flow cryotherapy with the use of vaso-compression. There are no published high-quality studies on the game ready device or any other combined system. However, it is recommended as an option after surgery for pain relief and less dependence on narcotics. The general use is for 7 days. As such, the request for 21 days rental is not supported and the medical necessity is not established.

Post-op physical therapy to left knee x 18: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for partial meniscectomy and shaving of chondromalacia. The postsurgical physical medicine treatment period is 4 months. The initial course of therapy is one half of the general course of therapy which is 6 visits. Then with documentation of continuing objective functional improvement a subsequent course of therapy of the remaining 6 visits may be prescribed. The request as stated for 18 visits exceeds the guidelines recommendation and as such, the medical necessity of the request has not been substantiated.

Retro 5cc Lidocaine, 1 cc Kenalog under ultrasound guidance, DOS: 10/31/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ultrasound guided knee injections.

Decision rationale: ODG guidelines indicate ultrasound guidance for knee joint injections is generally not necessary but it may be considered when the provider is unable to aspirate any fluid at the initial attempt, the size of the patient's knee due to morbid obesity or disease process,

draining a popliteal Baker's cyst. The documentation does not indicate the presence of these criteria. As such, the ultrasound guided corticosteroid injection was not medically necessary.